



Maine Revenue Services and Department of Labor

010853000

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FORM 941/C1-ME LOOSE

Combined Filing for Income Tax Withholding and Unemployment Contributions

QUARTER # _____

Withholding Account No. _____

Name _____

UC Employer Account No. _____

Address _____

Period Covered
Mo. Day Year Mo. Day Year

Part One - Income Tax Withholding

1. Maine income tax withheld this quarter (Semi-weekly employers complete Schedule 1 on reverse side) 1 _____
2. Less any semi-weekly Payments (From Schedule 1, line 13 on reverse side – see instructions.) 2 _____
3. Income tax withholding due (line 1 minus line 2) 3 _____

OFFICE USE ONLY

Seasonal Code _____

Seasonal Period _____

Part Two - Unemployment Contributions Report

☐ Check if reporting wage listing on
MAGNETIC TAPE or DISKETTE

- | | 1st Month | 2nd Month | 3rd Month |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|
| 4. Report the number of covered full-time and part-time workers who worked during or received pay for the payroll period which included the 12th of the month. If no employment in the payroll period, enter zero (0) 4 | _____ | _____ | _____ |
| 5. Number of female employees included on line 4. If none, enter zero (0) 5 | _____ | _____ | _____ |
| 6. Total gross reportable wages paid this quarter (from Part Four, line 19) 6 | _____ | _____ | _____ |
| 7. DEDUCT EXCESS WAGES (SEE INSTRUCTIONS) 7
NOTE: THE TAXABLE WAGE BASE IS \$12,000 FOR EACH EMPLOYEE. | _____ | _____ | _____ |
| 8. Taxable wages paid in this quarter (line 6 minus line 7) 8 | _____ | _____ | _____ |
| 9. Contribution rate 9 | _____ | _____ | _____ |
| 10. Contributions due (line 8 times total rate on line 9) 10 | _____ | _____ | _____ |

Part Three - Calculate the Total Amount Due

11. Amount due with this return (line 3 plus line 10) 11 _____

CANCELLATION NOTICE

Check this box and complete the following section if your business is discontinued or payment of wages permanently ceases. ☐ FINAL

Reason for Cancellation _____

No Longer Have Employees - Effective: _____

Last Payroll Date: _____ Business Sold To (name): _____

Date Sold: _____ (address): _____ Tel. #: _____

Under penalties of perjury, I certify that the information contained on this return, report and attachment(s) is true and correct.

Signature _____ Date _____

Title _____ Telephone _____

Rev. 1/01

**Make Check Payable to
Treasurer, State of Maine**

Mail to:
Maine Revenue Services
P.O. Box 9103
Augusta, ME 04332-9103

office use only ☐ PWD

Reconciliation of 900ME Voucher Payments (See Instructions)

Schedule 1 - For employers required to remit withholding taxes on a semi-weekly basis

Date Wages Paid	Amount Withheld	Check Amount	Date Wages Paid	Amount Withheld	Check Amount	Date Wages Paid	Amount Withheld	Check Amount

12. Total Withholding This Quarter (enter here and on line 1)

13. Total semi-weekly payments remitted this quarter (enter here and on line 2)

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